

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/088163 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1				1	
4	3		3		3	
5	3		3		3	
6	1		2		2	
7	1		2		2	
8	1		1		2	
9	1		1		2	
10	1		1		1	
11	1		1		1	
12	2		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	1		2		2	
17	1		2		2	
18	1		2		2	
19	1		2		2	
20	1		1		1	
21	1		1		—	
22	1		1		—	
23	1		1		—	
24	3		2		—	
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TOTAL IND.		6	6	4	4	
TOTAL DEP.		29	29	29	29	
TOTAL CLAIMS		35	35	33	33	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		6	6	4	4	
TOTAL DEP.		29	29	29	29	
TOTAL CLAIMS		35	35	33	33	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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